

## APPLICATION FOR EMPLOYMENT

Completed application forms must be faxed, mailed, or delivered to the Collin County Human Resources Department, 210 S. McDonald Street, Suite 612, McKinney, Texas 75069, fax (972) 548-4509. Applications remain active for six months.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disabilities which do not affect the ability to perform the essential functions of the position, marital or veteran status.

**PERSONAL INFORMATION** (Complete **all** applicable information) Name (First, MI, Last) Social Security Number Date of Application Position(s) applied for (list in order of preference): Are you willing to work (check all that apply): \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_ Weekends \_\_\_ 1<sup>st</sup> Shift \_\_\_ 2<sup>nd</sup> Shift \_\_\_\_ 3<sup>rd</sup> Shift \_\_\_\_ Day work only \_\_\_\_ Night work only Street Address: Zip Home Phone **Business Phone** Have you previously been employed by Collin County? \_\_ Yes \_\_ No When? \_\_ Where? Are you related to a current Collin County employee or official? What are your salary Are you legally authorized to work in requirements? the United States? \_\_\_ Yes \_\_\_ No Yes \_\_\_ No If so, who? Have you pled guilty or nolo contendere (no contest) or been convicted of any criminal offense other than parking tickets in the last 10 years? Yes \_\_\_ No If yes, list EMPLOYMENT HISTORY (List your last three employers below, starting with your most recent job) Present or Last Position Name of Company From Mo/Yr To Mo/Yr Street Address: City State Zip Duties: Reason for Leaving: Other Compensation May we contact your Final Base Pay Rate Starting Base Pay Rate Bonus supervisor? Name of Supervisor Supervisor's Title Supervisor's Phone Number **Next Previous Position** Name of Company From Mo/Yr To Mo/Yr Street Address City State Zip Duties: Reason for Leaving: Starting Base Pay Rate Final Base Pay Rate Bonus Other Compensation Name of Supervisor Supervisor's Title Supervisor's Phone Number **Next Previous Position** Name of Company From Mo/Yr To Mo/Yr State Zip Street Address City Duties: Reason for Leaving: Starting Base Pay Rate Final Base Pay Rate Bonus Other Compensation Name of Supervisor Supervisor's Title Supervisor's Phone Number

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	ICATION INFORMATION						
	School or GED	Address	City	State	Diploma  ☐ Yes ☐ No	Grade Con	npleted
Colle	ege	Address	City	State	Degree/Yrs.	Major	GPA
Colle	ege	Address	City	State	Degree/Yrs.	Major	GPA
Grad	luate School	Address	City	State	Degree/Yrs.	Major	GPA
Other	or .	Address	City	State	Degree/Yrs.	Major	GPA
ОТН	IER QUALIFICATIONS						
	Sun	nmarize special job-related		ns that you p			
_	PC/Mac	Computer Software:	Machinery:		Other (list)	):	
	Typewriter						
	WPM						
GEN	VERAL INFORMATION						
Do y	you have a valid Driver's Lice	ense? Yes No Iss	uing State	License	Number		_
	e you ever been bonded?		what employer?				_
	you over 18 years of age?		. 1 1. 0				
Dia :	you serve in the military?	_ Yes No If yes, which	n branch?				_
	INESS REFERENCES (list ref			nance)		T. 1	•
Name	Add:	ress	Company/Position			Telephone N	umber
PLEA	ASE READ THE FOLLOWING	G STATEMENTS CAREFULL	Y AND SIGN BELOW				
> :	ASE READ THE FOLLOWING  I understand that in accepting th to accept employment if offered	is application, Collin County is		vide me with	employment and	l that I am no	ot obligated
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> : : : : : : : : : : : : : : : : : : :	I understand that in accepting th to accept employment if offered I certify that all answers to ques statements on this application or being rejected, or, if I am hired, statements contained in this app	is application, Collin County is  tions in this application are true omission of fact on either this a in my employment being termir lication. I further release from a will comply with all rules, regu	in no way obligated to pro and complete to the best of application or during the protection or the protection of the pro	f my knowled re-employmen ntarily give th y, persons or e	ge. I understand t process may re e county permis entities conduction	d that any fal- esult in my ap ssion to inves ng or respond tand that if hi	sified oplication tigate all ling to such
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## **Voluntary Survey Applicant Sourcing**

The following information is necessary to help us determine how applicants learn of our open positions and to measure the effectiveness of our recruiting efforts. You are not required to complete this form; however, your assistance is appreciated. Please submit the completed form with your employment application.

Date	of Application?				
Positi	on(s) for which you are applying?				
How	did you learn about our Job Openings? (please circle selection)				
1.	Friend				
2.	Current Collin County Employee				
3.	Collin County Website				
4.	Monster.com				
5.	Professional Association (Please identify)				
6.	Other website (Please identify)				
7.	Collin County Job Line				
8.	Dallas Morning News Newspaper				
9.	Star Telegram Newspaper				
10.	Community Newspapers				
11.	Herald Democrat Newspaper				
12.	McKinney Courier Gazette Newspaper				
13.	Walk-in				
	Elevator posting				
15.	5. Other (Please identify)				